

Case Number:	CM15-0073174		
Date Assigned:	04/23/2015	Date of Injury:	10/03/2002
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained an industrial injury on 10/3/02. The diagnoses have included chronic low back pain with right sciatica, status post lumbar decompression and fusion, bilateral knee pain status post right total knee arthroplasty (TKA) and left total knee arthroplasty (TKA), right knee debridement times two, and major depression. Treatment to date has included medications, surgery, activity modifications, psychiatry, injections and home exercise program (HEP). Currently, as per the physician progress note dated 3/3/15, the injured worker complains of right knee pain. The pain was rated 7-8/10 on pain scale and previous visit on 2/3/15 the pain was rated 3-4/10. He reports the pain was sharp and stiff and he has difficulty walking for long periods. The physician noted he has been using Norco and the pain reduction was 50-60 percent for about 3 hours. It was also noted that he continues to be severely depressed and sleep most of the day. The physical exam revealed well healed scar over the right knee, he walks with a mild limp and he is not able to fully extend the right knee. The physician noted that the injured worker can also consider using anti-inflammatory medications occasionally as he remains symptomatic over the right knee. The current medications were not noted. The physician requested treatments included Motrin (unspecified dose and quantity) and Relafen (unspecified dose and quantity).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Motrin (unspecified dose and qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

Decision rationale: The CA MTUS guidelines state that NSAIDs are recommended for use at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is no evidence that NSAIDs are useful for long-term relief of pain or improvement in function. For low back pain, NSAIDs are recommended as a second-line agent after acetaminophen. In this patient, while NSAIDs may be indicated for short-term use due to exacerbation of pain, it is not recommended for long-term use due to lack of efficacy and potential serious side effects. This request also does not provide a dosage or quantity of the medication and thus cannot be approved for short-term use as well. Therefore, the request for Motrin (unspecified dose and qty) is not medically necessary.

Relafen (unspecified dose and qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The CA MTUS guidelines state that NSAIDs are recommended for use at the lowest dose for the shortest period of time in patients with moderate to severe pain. No long-term relief of pain or improvement in function has been demonstrated with the use of NSAIDs. For low back pain, NSAIDs are recommended as a second-line agent after acetaminophen. In this patient, while an NSAID may be indicated for short term exacerbation of pain, it is not recommended for long-term use due to lack of efficacy and potential serious side effects. The request also does not provide a dosage or quantity of medication and thus cannot be approved for short-term use. Therefore, the request for Relafen (unspecified dose and qty) is not medically necessary.